

11/05/99
JC598 U.S. PTO

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Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No.	1899-001
	First Inventor or Application Identifier	Sanjay P. Muralidhar
	Title	METHOD, APPARATUS AND ARTICLE ...
	Express Mail Label No.	EL434628100US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages 34] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] 4. Oath or Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> * Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 13. <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> Status still proper and desired <i>(PTO/SB/09-12)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Other:
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* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner: _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	HOPGOOD, CALIMAEDE, KALIL & JUDLOWE, LLP				
Address	60 East 42nd Street, 40th floor				
City	New York	State	New York	Zip Code	10165
Country	U.S.A.	Telephone	(212) 551-5000	Fax	(212) 949-9623

Name (Print/Type)	David Garrod	Registration No. (Attorney/Agent)	35,149
Signature	<i>David Garrod</i>	Date	11/5/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL**for FY 1999**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$) **542****C mplete if Kn wn**

Application Number

Filing Date

11/5/99

First Named Inventor

Sanjay P. Muralidhar

Examiner Name

Group / Art Unit

Attorney Docket No.

1899-001

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

08-2776

Deposit
Account
Name☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description
Code (\$) Code (\$)

101	760	201	380	Utility filing fee	Fee Paid \$380
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 380

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
38	-20** = 15	X 9 = 162	
3	-3** = 0	X 00 = 0	
Multiple Dependent		0	0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee Fee Description
Code (\$) Code (\$)

103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 162

FEE CALCULATION (continued)**3. ADDITIONAL FEES**Large Entity Small Entity
Fee Fee Fee Fee
Code (\$) Code (\$)

Fee Description	Fee Paid
105 130 205 65 Surcharge - late filing fee or oath	
127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	
139 130 139 130 Non-English specification	
147 2,520 147 2,520 For filing a request for reexamination	
112 920* 112 920* Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	
115 110 215 55 Extension for reply within first month	
116 380 216 190 Extension for reply within second month	
117 870 217 435 Extension for reply within third month	
118 1,360 218 680 Extension for reply within fourth month	
128 1,850 228 925 Extension for reply within fifth month	
119 300 219 150 Notice of Appeal	
120 300 220 150 Filing a brief in support of an appeal	
121 260 221 130 Request for oral hearing	
138 1,510 138 1,510 Petition to institute a public use proceeding	
140 110 240 55 Petition to revive - unavoidable	
141 1,210 241 605 Petition to revive - unintentional	
142 1,210 242 605 Utility issue fee (or reissue)	
143 430 243 215 Design issue fee	
144 580 244 290 Plant issue fee	
122 130 122 130 Petitions to the Commissioner	
123 50 123 50 Petitions related to provisional applications	
126 240 126 240 Submission of Information Disclosure Stmt	
581 40 581 40 Recording each patent assignment per property (times number of properties)	
146 760 246 380 Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760 249 380 For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0

SUBMITTED BY

Name (Print/Type)

David Garrod

Registration No.
(Attorney/Agent)

35,149

Complete (if applicable)

Telephone

(212) 551-5000

Signature

Date

11-5-99

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